

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address PO Box 591790		Amount 700.00	
City San Antonio	State TX	Zip Code 78259-0139	Transaction ID : D709360
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought 1600.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address PO Box 591790		Amount 950.00	
City San Antonio	State TX	Zip Code 78259-0139	Transaction ID : D709361
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought 1510.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1650.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY
01 / 26 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 2000 Franklin Street		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709354
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 1839.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 2000 Franklin Street		Amount 50.03	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709355
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1510.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.03
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 2000 Franklin Street		Amount 460.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709356
Purpose of Expenditure Site Rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1510.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 2000 Franklin Street		Amount 900.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709357
Purpose of Expenditure Site Rental	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 1600.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1360.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address 2000 Franklin Street		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709358
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 1510.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 945 Camelia St		Amount 1789.93	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D709359
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 1839.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1839.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	4949.96

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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